

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/575744

FILING DATE

APPLICANT(S)

CLAIMS

REST AVAILABLE COPY

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
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47		/					97						
48							98						
49							99						
50							100						
TOTAL	3	↓		↓		↓	TOTAL	↓		↓		↓	
TOTAL	44	←		←		←	TOTAL	←		←		←	
TOTAL	47						TOTAL						
CLAIMS							TOTAL						